Lessons From the Practice

Walla Walla Sweets

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Walla Walla, Washington, is a quiet and flat place. It features open sky and fields of wheat, asparagus, peas, and the locally famous Walla Walla Sweet onions.

The girl who came through the sliding doors of the hospital late one night with a baby in her arms was only 18. They had been there before. The man beside her was older and acted younger. It wasn't the baby's fault, but it wouldn't stop crying. It had been "crying for 24 hours," she said, and "nothing would stop it." They had "tried everything." The boyfriend-father was "ticked." The young mother was overwhelmed. It was not a pretty picture.

"Your baby is all right, it just has colic," Doc said, finishing his examination, as though invoking a word hundreds of years old for a condition thousands of years old would make a difference.

Then he noticed that the mother did not look pathetic; she looked angry. The baby did not look pathetic either; it looked angry and cried angrily on. The father was too self-absorbed to see what was happening, so he just stood there, looking annoyed. There was no sign of abuse, and they had come for help. For a moment, nothing happened.

"Leave the baby with me," Doc decided, and the girl for the first time stopped looking overwhelmed and became a little cautious.

"What do you mean?"

"Well, you're worn out. I could call Child Protective Services, and they might come and take the baby. But, if you want, you could leave it here with me, go back home, and get some rest. Come in the morning before I go off shift at 8, and I'll give you back your baby."

She wavered. She had seldom been offered anything without a catch. Doc had three kids of his own at home, but in blue scrubs with cowboy boots on, he didn't exactly look like Mother Theresa. Yet, when the rested young mother came back at 7 am to reclaim her biggest love and littlest enemy, she herself did. Sweetness can be contagious, I'm told.

At the time that I observed this incident (and even while I wrote this description of it), I did not know how the situation would turn out. The players involved did not know if it would work that night. The drama of medical practice is trying to meet needs but never being sure what will work. Even in scientific practice, physicians and their patients always deal with probabilities: 86% cure rates, 5% complications rates, 65% five-year survivals, and the like.

What we do when there are no good double-blind studies, when published guidelines do not exactly fit, when blind legality seems to an observant physician hurtful instead of healing—this is the story I was witnessing. I was watching a physician add to our science, our humanity. It was a moment of uncertainty, risk, and the personal courage to avert that risk, and it worked, at that place, at that time, for that baby and that mother.

Not knowing outcomes with certainty, we do all that science allows us to do. But if we are sensitive physicians, we often have to do a little more (whenever necessary—which is most of the time).

John B. Hoehn, MD, a family physician in Walla Walla, Washington, watched an emergency department colleague, Adrian Selfa, MD, bring safety to a child, relief to a young mother, and honor to the profession with a simple act of personal compassion.—The Editors

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